

POSITION	ID NO.	DATE
CLASSIFIER	70	8/14 10-23-97
EXAMINER	76	
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	1 9 2 2 27 22 98 96 97
1	✓ ✓
2	—
3	3
4	4
5	5
6	6
7	7
8	8
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10	10 ✓ —
11	11 ✓
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Canceled
†	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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